Declaration for COIDA – No Employees and No Payroll

To:
Compensation Fund
Department of Employment and Labour

Date:

RE: Declaration for COIDA – No Employees and No Payroll for Previous Assessment Period

I, the undersigned, hereby declare the following in respect of [Company Name], registration number [Company Registration Number], for the COIDA assessment period [Insert Assessment Period, e.g., 01 March 2023 – 28 February 2024]:

1. The company did not employ any employees (permanent, part-time, or temporary) during the stated assessment period.

2. As a result, there was no payroll to declare to the Compensation Fund for the said period.

3. The company remains compliant with the Compensation for Occupational Injuries and Diseases Act (COIDA) and undertakes to notify the Compensation Fund immediately its employment status change.

This declaration is made in good faith and to the best of my knowledge and belief.

Yours faithfully,

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[Full Name of Director/Owner]

[ID Number]

[Designation – e.g., Director]

[Date]